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PTO/SB/21 (08-00)

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/057,396	
	Filing Date	1/26/2001	
	First Named Inventor	Franz Pitschi	
	Group Art Unit	2817	
	Examiner Name	Kimberly E. Glenn	
Total Number of Pages in This Submission	8	Attorney Docket No.	69380-001

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Charge Deposit Account -08-3460 <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Affidavits/declarations(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Request To Rescind Previous Nonpublication Request
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Notice of Allowability
<input type="checkbox"/> Response to Missing Parts Incomplete Application	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> Other Enclosure(s): Amendment Transmittal Letter and Postcard
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Petition For Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b))	Remarks: <input checked="" type="checkbox"/> Commissioner is hereby authorized to charge fees in this application and any fees which may be required, or any overpayment, to Deposit Account 08-3460. I have enclosed a duplicate copy of this sheet	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	Robert E. Muir, Reg. No. 23,017
Signature	
Date	August 22, 2003

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TECHNOLOGY CENTER 280C**CERTIFICATE OF EXPRESS MAILING****Express Mail No. EU837905032US**

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Typed or printed name	Deborah Lane-Christian
Signature	
Date	August 22, 2003

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Approved for use through 10/31/2002. OMB 0651-0032

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<b>Express Mail</b>	<i>Attorney Docket No.</i>	69380-001	First Inventor: Franz Pitschi
<b>AMENDMENT TRANSMITTAL LETTER</b>		<i>Serial No.</i>	10/1057,396
<i>Title:</i> Waveguide Fitting		<i>Filing Date</i>	1/26/2001
		<i>Examiner</i>	Kimberly E. Glenn
		<i>Group Art Unit</i>	2817

**TO THE ASSISTANT COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

- ☒ Large Entity Status
- ☐ Small Entity status of this application has been established under 37 CFR 1.27

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED - PART II						SMALL ENTITY		OTHER THAN SMALL ENTITY	
	(Column 1)		(Column 2)	(Column 3)					
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	
	Total (37 CFR 1.16(c))	12*	Minus	**20	=0	x \$9.00=		x \$18.00=	
	Independent (37 CFR 1.16(b))	1*	Minus	**3*	=0	x \$42.00=		x \$84.00=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					x \$140.00=		x \$280.00=	
					TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	0	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

- ☐ Petition of Extension of Time.
- ☒ No additional fee is required for amendment.
- ☐ A check in the amount of the fee is enclosed.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account. 08-3460.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-3460.  
 I have enclosed a duplicate copy of this sheet.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☐ Any patent application processing fees under 37 C.F.R. 1.17.

*Robert E. Muir*  
 Signature

Date: August 22, 2003

Robert E. Muir, 23,017  
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Appl. No. 10/057,396  
Amdt. dated August 22, 2003  
Reply to Office Action of June 18, 2003

Appl. No. : 10/057,396  
Applicants : Franz Pitschi  
Filed : 1/26/2001  
Title : Waveguide Fitting  
TC/A.U. : 2817  
Examiner : Kimberly E. Glenn  
Docket No. : 69380-001

**MS Non-Fee Amendment**  
**Commissioner of Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

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#### AMENDMENT

Sir or Madam:

In response to the Office Action of June 18, 2003, please amend the above-identified application as follows:

**Amendments to the Specification:** None.

**Amendments to the claims** are reflected in the listing of claims which begin on page 2 of this paper.

**Amendments to the Drawings:** None.

**Remarks/Arguments** begin on page 5 of this paper.